



State of Utah

Department of Natural Resources

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Division of State Parks & Recreation

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Dear Parent:

Thank you for considering Camp Floyd State Park's history camp for your child. Our Camp theme is "Exploring life with Johnston's Army". They will be conducted from 9:00 a.m. to 4:30 p.m. each day during the five dates listed in the packet.

The camp will give your child a fun-filled learning experience with many hands-on activities. We look forward to confirming your reservation for this entertaining educational experience.

Enclosed are registration materials for the 2008 history camp. The application, permission sheet, medical history and photo release forms must be completed and returned to us at least two weeks before the camp of your choice starts. Enrollment cannot be confirmed until we receive these forms with the \$65 registration fee. You will receive a confirmation letter upon enrollment. Each camp size is limited to 24 participants.

Campers will be released to return home each night with furlough papers. We may be able to provide carpooling contacts with others in your area. Please indicate on the registration form if you would like to participate in carpooling. Campers will also need to bring a lunch each day.

We will need you as the parent, to write your child a short letter and include it with your application material. This letter will be delivered to your child by Pony Express on the second day of the camp.

We invite you and your family to the park on the last day of the camp at 2:00 p.m., to watch your child use the camp skills learned to engage in battle along side the Utah Civil War Association. After the battle, you are welcome to tour the Camp Floyd Museum and Stagecoach Inn with your child.

This unique living history experience is sure to enhance your child's love and appreciation of history. If you have any question, please call us at 801-768-8932. We hope your child will join us for our 2008 history camp.

Best Regards,

James Seikel
Outreach Program Specialist

CAMP FLOYD STATE PARK 2007 HISTORY CAMP

Exploring life with Johnston's Army (ages 8-11)

History camp is a fun-filled educational experience about how soldiers lived during the Utah and Civil Wars – at home, in the camp and on the battlefield – and how the War changed people's lives. The program instills team spirit and an appreciation of why teamwork and camaraderie are important to achieving success. Campers will receive a 2008 history camp tee shirt, Union or Confederate kepi, replica rifle, canteen, haversack, harmonica and more.

Examples of Camp Activities

Life before joining the military – Experience the life of a typical American in 1857; meet costumed interpreters and learn about early education in a one-room schoolhouse. Work on a chalk slate, read from a McGuffey Reader, play games such as hoops, graces, marbles, cup & ball, jacks and more.

Soldiers Camp – Join the Army. Meet costumed interpreters and learn about a soldier's equipment and camp life. See a rifle musket fired. Drill like soldiers with a replica rifle. Play camp games like chuck-a-luck and tug-o-war. Watch costumed interpreters fire a cannon and participate in a cannon firing role-play.

Set up a Civil War soldier camp - Erect tents and live, work and play 19th century games.

Craft Activities – Make and take home items such as a replica Civil War rifle cartridge, corps badges, wagon model and more.

Battle – Conduct a full-scale military exercise with the Utah Civil War Association, using all of the skills learned during camp; from breaking camp to charging the enemy.

Experience the History of Camp Floyd – Enjoy the fascinating exhibits and displays on the life of a soldier at the Camp Floyd Museum. Tour the Stagecoach Inn constructed next to the camp for passengers traveling by stagecoach.

SUMMER HISTORY CAMP

APPLICATION

Camp Floyd State Park will be offering history camps, Exploring life with Johnston's Army, during the summer of 2008. The camp is designed for children between eight (8) years of age through eleven (11) years of age, and will last from 9:00 a.m. to 4:30 p.m. each day. The cost is \$65 for the three-day session. Payment can be made by check (made out to Camp Floyd State Park) or credit card. (Visa, MasterCard, American Express.) The payment covers registration, materials, equipment, snacks, etc.

Name of Child: _____ Child's Birthdate: _____

Name of Parent / Guardian: _____

Address of Parent /Guardian: _____

Email Address _____

Daytime Phone Number of Parent / Guardian: _____

Emergency Contact (other than Parent / Guardian): _____

Phone # (____) _____

Signature of Parent / Guardian: _____

Has your child attended Camp Floyd's History Camp in the Past? Yes _____ No _____
If yes, what years did they attend? (Check all that apply) 2005 _____ 2006 _____ 2007 _____

Are you interested in car pooling with other camper's in your area? Yes _____ No _____

Child's T-Shirt size Small _____ Medium _____ Large _____ XLarge _____

Date of History Camps: June 5 – 7 June 19 – 21 July 17 – 19
July 31 – August 2 August 14 – 16

First Choice _____ Second Choice _____ Third Choice _____

CC# _____ Name on card: _____

Expiration Date: ____/____/____ Signature _____

Office Use: Date Received: ____/____/2008 Amount Received \$ _____

Completed by: _____

MEDICAL HISTORY

Please print or type

Child's Name _____

Allergies:

Hay Fever _____ Asthma _____ Food: _____

Insect Stings _____ Medication _____ (Specify)

Other: _____

Briefly describe allergy symptoms: _____

Will your child need to take medication while he/she is in the park? _____ yes _____ no

Medical Restrictions (Give details): _____

Medical or dietary regimen to be followed (please attach specific information if necessary):

I hereby authorize and request Camp Floyd State Park to secure necessary emergency care and treatment for my child should the need arise.

Our family physician is: _____
Doctor's name or name of practice & telephone number

My child is physically able to participate in all program activities. If he/she appears to be ill, I will not send him/her to the program. I have listed any restrictions, allergies, or medications to be taken on this form.

Person to be notified if parent / guardian cannot be reached:

Name: _____ Relationship _____

Phone: (____) _____

Signature of Parent / Guardian: _____ Date: _____

PHOTO RELEASE

I hereby consent to the use and reproduction by Camp Floyd State Park of my child's photographic image for future publications while attending the 2008 Camp Floyd State Park history camp.

I agree not to hold the publication or its agents responsible, under any circumstance, for any action, which occurs as a result of this advertisement. I understand that my child's photographic images will become the exclusive property of Camp Floyd State Park and will be used only for promotional purposes.

I agree that I will not be compensated for the use of my child's photographic image.

Date_____

Child's Name_____

Parent / Guardian Signature_____

Parent / Guardian Printed Name_____

Address_____

City_____State_____Zip_____

PERMISSION AND INFORMED CONSENT AGREEMENT FOR THE “EXPLORING LIFE WITH JOHNSTON’S ARMY” PROGRAM AT CAMP FLOYD STATE PARK

The undersigned, the parent or guardian of _____, grant permission for my child or ward to participate in “Exploring Life with Johnston’s Army” at Camp Floyd State Park during the summer of 2008. I further acknowledge that I have read the attached informed consent form and understand the nature of the program and any risks associated with this program. I agree to pay the tuition for this program upon my child’s registration for the program.

I acknowledge that I have been informed that my child or ward will be given an opportunity to experience life as it was in America and in the Utah Territory in 1857. He or she will have the opportunity to learn what it was like to go to school in a one room school house, to meet and talk with costumed interpreters about life in 1857 and to play games and participate in activities typical of the time period. I further understand that he or she will have an opportunity to experience what life was like for a soldier in 1857. For example he or she will help to set up camp tents, perform a military drill with a replica (nonfunctional) rifle, watch costumed interpreters fire a cannon and participate in a mock cannon firing. The culmination of the activities will be a mock battle in which he or she will have an opportunity to participate in the battle along with the members of the Utah Civil War Association. He or she will also have the opportunity to participate in arts and crafts projects as part of this program.

I acknowledge that I am fully responsible for the transportation of my child to and from Camp Floyd each day and that the State of Utah and its subdivisions assume no responsibility for my child or ward’s transportation.

I understand that there are specific policies, procedures and rules that govern my child or ward’s activities while at Camp Floyd and while participating in the program. I recognize that violation of these rules may result in my child or ward being excluded from participation in program and loss of his or her tuition. I acknowledge that I have discussed the various rules with him or her and that he or she is willing to abide by the rules.

I recognize that as part of these activities my child or ward will be exposed to the wind, dust, insects and possibly their bites or stings, water, dust, pollen and other environmental conditions. I further recognize that there are natural and manmade hazards, obstacles, environmental conditions and other risks which in combination with the actions of my child or ward or other children may cause injury to him / her. I acknowledge that I am aware of these and other unstated risks associated with this program.

I recognize that the activities of this class may involve physical activities and may cause my child or ward physical / emotional discomfort. I state that to the best of my knowledge my child or ward is free from any known heart, lung or other serious health problems that could prevent him or her from participating in the activities associated with these programs. I further state that he or she is sufficiently physically fit to participate in the activities associated with the program. I have completed the attached medical form.

CONSENT

Consent is expressly given, in the event of injury, for any first aid or emergency treatment deemed necessary by competent medical personnel.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE AFORE GOING LANGUAGE AND I SPECIALLY INTEND IT TO COVER THE PARTICIPATION OF MY CHILD / WARD IN THE "EXPLORING LIFE WITH JOHNSTON'S ARMY" PROGRAM AT CAMP FLOYD STATE PARK DURING THE SUMMER OF 2008.

STUDENT NAME _____

PARENT OR LEGAL GUARDIAN SIGNATURE _____

DATE _____

Opportunity to Fire a Musket

As part of this program participants will be given the opportunity to fire a blank round from a musket of the time period covered in this program. Participants will be provided with eye and ear protection and will be under the supervision of a knowledgeable individual the whole time they are participating in this activity. If you as the parent or guardian of the above named child want your child or ward to participate in this portion of the program please sign the authorization below.

I the parent or guardian of _____ authorize my child or ward to fire a blank round from a period musket as part of this program.

Signature of Parent or Guardian

Date